



Deposit form



**NSW Trustee
& Guardian**

To deposit your Will and/or Power of Attorney and/or Enduring Guardianship in the NSW Trustee & Guardian Will Safe, please make an appointment at one of our branches. Complete this form, and bring it to your appointment with:

- your original document(s) to be stored
- one form of current identification e.g. passport, driver's licence, pension card, or health card

See www.tag.nsw.gov.au for details of our locations or call **1300 364 103**.
Open 9:00am to 5:00pm (Mon to Fri).

I wish to deposit: Will Power of Attorney Enduring Guardianship and/or
Advance Care Plan/Directive

Are you an existing NSW Trustee & Guardian customer? Yes No

Your details

Mr Mrs Ms Miss Dr Other _____ *(please specify)*

Surname: _____

Given names: _____ Date of birth: ____ / ____ / ____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

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Will details *(cross out this section if not applicable)*

Is this your current Will? Yes No

Date of Will: / / No. of pages: _____

Executor details

Mr Mrs Ms Miss Dr Other _____ *(please specify)*

Surname: _____

Given names: _____ Date of birth: / /

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Further/alternative executor *(please specify)*

Mr Mrs Ms Miss Dr Other _____ *(please specify)*

Surname: _____

Given names: _____ Date of birth: / /

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Have you informed your executor that he/she is the executor of your Will and that the Will is stored in the NSW Trustee & Guardian Will Safe?

Yes No

If you have answered 'No', please note the deposit declaration at the end of this form where you are able to acknowledge that you will inform your executor.

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Power of Attorney (POA) details *(cross out this section if not applicable)*

Is this your current POA? Yes No

Date of POA: / / No. of pages: _____

Attorney details

Mr Mrs Ms Miss Dr Other _____ *(please specify)*

Surname: _____

Given names: _____ Date of birth: / /

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Further/alternative attorney *(if applicable)*

Mr Mrs Ms Miss Dr Other _____ *(please specify)*

Surname: _____

Given names: _____ Date of birth: / /

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Have you informed your attorney that he/she is your attorney and that the POA is stored in the NSW Trustee & Guardian Will Safe? Yes No

If you have answered 'No', please note the deposit declaration at the end of this form where you are able to acknowledge that you will inform your attorney.

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Enduring Guardianship (EG) details *(cross out this section if not applicable)*

Is this your current EG? Yes No

Date of EG: ____ / ____ / ____ No. of pages: _____

Guardian details

Mr Mrs Ms Miss Dr Other _____ *(please specify)*

Surname: _____

Given names: _____ Date of birth: ____ / ____ / ____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Further/alternative guardian *(if applicable)*

Mr Mrs Ms Miss Dr Other _____ *(please specify)*

Surname: _____

Given names: _____ Date of birth: ____ / ____ / ____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

Have you informed your guardian that he/she is your guardian and that the EG is stored in the NSW Trustee & Guardian Will Safe? Yes No

If you have answered 'No', please note the deposit declaration at the end of this form where you are able to acknowledge that you will inform your attorney.

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- Is an Advance Care Plan/Directive attached to your EG? Yes No
- If so, is it the original document or a copy? Yes No
- Is this your current Advance Care Plan/Directive? Yes No

Date of Advance Care Plan/Directive: _____ No. of pages: _____

Deposit declaration

By signing this document:

1. I acknowledge that:

- By accepting my Will and/or POA and/or EG for storage NSW Trustee & Guardian does not check or express any opinion as to their wording or validity.
- It is my responsibility to keep my Will and/or POA and/or EG and the contact details I provide up to date if my circumstances change.
- I am depositing my original Will and/or POA and/or EG, which are dated, signed and witnessed and contain the number of pages set out above.
- NSW Trustee & Guardian has no obligation to monitor death notices or any other information source providing notification of my death.
- It is my responsibility and not that of NSW Trustee & Guardian to:
 - advise my executor of their appointment to this role by me in my Will
 - advise NSW Trustee & Guardian of any changes to my executor's address.
- Whilst NSW Trustee & Guardian will endeavour to take reasonable steps in each case, in the event that NSW Trustee & Guardian is notified of my death, loss of capacity or other circumstance (as the case may be), I release it from liability for loss by any person arising from its failure to notify, in a timely way or at all, the person(s), or the appropriate person(s), appointed to act under my Will and/or POA and/or EG (as the case required) of such circumstances.
- Where I give to NSW Trustee & Guardian in, or in conjunction with this form, personal information of any other individual, I have made or will make the individual aware of NSW Trustee & Guardian's Privacy Policy Statement.

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2. I consent to NSW Trustee & Guardian:

- Scanning and keeping an electronic copy of the document(s), so that a copy can be recovered in the unlikely event of a loss.
- Using the personal information I provide in data matching so that my personal situation can be confirmed and, where appropriate, the executor/ or attorney/ or guardian contacted or confirmed.
- Releasing the original documents as follows and (subject to any requirements under law) only as follows:
 - a) To me, or to a person authorised in writing by me to collect the document(s);
 - b) To a person or persons who give NSW Trustee & Guardian evidence that satisfies NSW Trustee & Guardian that he/she/they or it are entitled to commence to act under or in respect of the document as:
 - i. In the case of a Will: the executor or co-executor, or applicant for Letters of Administration with the Will annexed;
 - ii. In the case of POA: the attorney (whether original or, if applicable, the alternative);
 - iii. In the case of EG: the guardian (whether original or, if applicable, the alternative).
- Destroying my Will and/or POA and/or EG when advised in writing by me that the Will and/or POA and/or EG has been revoked; or when advised of my death in writing by the executor of my Will in respect of which probate has been granted.

Do you wish to receive correspondence regarding your Will and/or POA and/or EG or changes to legislation that may affect your Will and/or POA and/or EG?

Yes **No**

To obtain more information about how we manage your personal information, or if you would like a copy of our Privacy Policy or a form requesting access, please call **1300 364 103** (overseas +61 2 9252 0523). You can also obtain our Privacy Policy online at **www.tag.nsw.gov.au**

Your signature: _____ Date: ____ / ____ / ____

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Office use only

Deposit date: _____ Officer: _____

Location: _____ TEAMS ID: _____

ID sighted? Yes No

Contact us

1300 364 103 *(local call cost only)*

+61 2 9252 0523

www.tag.nsw.gov.au



**NSW Trustee
& Guardian**